

Zone _____
Failing _____
PreApp _____
Nitrate _____

Receipt Number _____

RESIDENTIAL - SEPTIC SYSTEM PERMIT APPLICATION FORM

Flathead City/County Health Department, Environmental Health Services
1035 1st Avenue West, Kalispell MT 59901
ehhealth@flathead.mt.gov (406) 751-8130

1) **LEGAL DESCRIPTION OF PROPERTY**

Subdivision Name or EQ# _____ Lot # _____ Blk # _____
County Assessor's Tract No. (Example Tr. 3BD) _____ County Assessor's No. _____
Certificate of Survey (COS) or Deed Exhibit No. _____
Section _____ Township _____ Range _____ Parcel Size (Acres) _____
Address of Property _____
City _____ State _____ Zip Code _____



All new structures and living units on property require their own address
<https://flathead.mt.gov/gis/AddressRequestHome.php>

2) **LEGAL PROPERTY OWNER*** – Current owner, not buyer

***REQUIRED**

Owner's Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Email Address _____ Phone _____

If someone other than the legal property owner is to be the contact, please complete the following:

Name and Affiliation _____
Mailing Address _____
City _____ State _____ Zip Code _____
Email Address _____ Phone _____

3) Who will it be installed by? (Self-Install or Licensed Installer)

Self-Installed YES / NO (Circle one) **A competency test is required for self install (\$100 fee)*
Licensed Installer's Name _____
Email Address _____ Phone _____

4) **PURPOSE OF APPLICATION**

***THESE FEES ARE NON-REFUNDABLE**

_____ Obtain a site evaluation	\$275.00	(This is <u>not</u> a permit fee)
_____ Non-degradation analysis	\$200.00	(This is <u>not</u> a permit fee)
_____ Site Review	\$150.00	(This is <u>not</u> a permit fee)
_____ Obtain a septic permit	*Permit fee varies and is due when the permit is issued	

5) **PROPOSED DEVELOPMENT** – Residential (also under construction)



For new construction do not add bedrooms from multiple dwellings together, list secondary/tertiary dwellings etc bedrooms under "other"

_____ Conventional Single Family No. of Bedrooms _____
_____ Mobile Home No. of Bedrooms _____
_____ Unfinished Basement (will be considered an additional bedroom)
_____ Other _____

6) **EXISTING DEVELOPMENT** – Residential

_____ Conventional Single Family No. of Bedrooms _____
_____ Mobile Home No. of Bedrooms _____
_____ Other _____

7) **WATER SUPPLY** (drinking/potable water for home - for proposed and/or existing development)

_____ Existing _____ Proposed _____ Expanding existing

Size of water system?

_____ Individual (one home or connection)

_____ Shared (2 connections)

_____ Multi-User (3-14 homes connected to common system)

_____ Public (15+ homes) Name _____

Source of Water? (if other than public or municipal)

_____ Well _____ Spring _____ Hauled/Cistern Surface (name) _____

Water & Sewer District _____

Distance between this property and the nearest public water and/or sewer service _____

8) **REQUIRED ATTACHMENTS**

- **A detailed site plan drawing** (example included on this application) – The site plan must clearly show existing and proposed development. Clearly label the items you show as existing and/or proposed. The site plan must include:
 1. Lot boundaries and prominent features including surface water/wetlands
 2. All structures/ driveways and parking areas
 3. Drainfield location (staked 50'x100')
 4. Locations of all wells and drainfields within 100 feet of the property lines
- **A copy of the Certificate of Survey or Deed Exhibit (if not in a platted subdivision)**
- **A copy of the Certificate of Subdivision Approval** (only for site reviews OR only if applicable)

If you have additional information that you feel is pertinent to your application, use the space provided below or attach a separate piece of paper.

ONLY FOR SITE REVIEWS - The building and drainfield sites must be physically staked, with a minimum of 3 ft. stakes that are clearly labeled. If not staked when inspector goes on site for the review, an additional fee of \$100 may be charged for a re-inspection.

If there is a gate please include the CODE or LOCK information in the additional information section. Have a house number clearly visible (permanent or temporary i.e. cardboard signage) if none currently exist at the start of the driveway.

9) **AUTHORIZATION**

I hereby declare the above information and the attachments to this application are true, complete and correct to the best of my knowledge. I authorize the Flathead City-County Health Department to enter onto my property for the purpose of conducting this site evaluation.

Property Owner's Signature (print and sign or DocuSign)

Date

Planning & Zoning Use Only

If zoned, does the proposed use comply with the Zoning Designation for the property? Yes _____ No _____

Zoning Designation _____

Is any of the property in the 100-year floodplain? Yes _____ No _____ Unmapped _____

Zoning Authorization Signature _____ Date _____

EXAMPLE
SITE PLAN



